



First Horizon Health Savings Account Enrollment Form and Agreements



HSA MONTHLY ADMINISTRATION FEE: A monthly administration fee of \$2.25 will be paid to First Horizon Msaver, Inc. from your HSA on the last business day of every month.

Please provide the information below to open your Health Savings Account (HSA) with First Horizon Bank, a division of First Tennessee Bank National Association, as the custodian of your HSA. This information will be shared with First Horizon Msaver, Inc., along with other information as indicated on this application to assist First Horizon Msaver in providing HSA administrative services to you.

PERSONAL INFORMATION (*Required): To help the government fight the funding of terrorism and money laundering activities Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account we will ask for your name, street address, date of birth and other information that will allow us to identify you.

*Name: (First, MI, Last)		*Social Security Number or ITIN		*Date of Birth	
		- -		/ /	
*Street Address (No P.O. Boxes)		*City		*State	*Zip
Mailing Address (If different from above)		City		State	Zip
*Your Occupation	*Home Phone Number	Work Phone Number		Email Address	
*Are you a US Citizen? Yes No		*Are you a citizen of any other country? Yes No		*If yes, which country?	
*Form of Identification:		Drivers License State ID Passport Military ID		*Date of Issuance	/ / None
*ID#:		*Issuing State/Country/Branch:		*Expiration Date	/ / None

AUTHORIZED SIGNER (Optional): Regulations require that only one individual own an HSA. You may give your spouse or another third party access to funds in your HSA by naming that person as an authorized signer. I (account holder) designate the following individual as an authorized signer on my HSA. I understand this individual will receive a Visa debit card for use on this account.

Name of Authorized Signer (First, MI, Last)

Social Security Number Date of Birth

- - / /

HIGH DEDUCTIBLE HEALTH PLAN INFORMATION (HDHP):

Carrier Name

Blue Cross Blue Shield of TN

Individual Plan

Family Plan

Deductible Amount

Effective Date of Health Plan

/ /

PARTICIPANTS IN AN HSA CANNOT BE COVERED BY ANOTHER HEALTH PLAN EXCEPT "PERMITTED" INSURANCE PRODUCTS.

INITIAL HSA CONTRIBUTION (Make your check payable to First Horizon Bank):

Is this a rollover? Yes No Initial HSA Contribution (For Tax Year 20____) (Minimum \$100).... \$
Amount of rollover contribution.....\$ (If your initial contribution will be made by your employer at a later time, enter zero)
(See rollover certification on page 2)

WELCOME KIT: Your HSA Welcome Kit, including the HSA Custodial Agreement, Depositor Agreement, Fee Schedule, Beneficiary Designation Form and other important disclosures will be mailed to you in CD-ROM format. If you prefer to receive a paper version of your Welcome Kit, check here:

CERTIFICATIONS AND AGREEMENTS:

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (as defined in the instructions). Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

I have read and agree to the terms of the First Horizon Bank Customer Agreement and the First Horizon Msaver Administrative Services Agreement on page 2. If this is a rollover, I also make the Rollover Certification on page 2.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Mail to (along with contribution): First Horizon Msaver
PO Box 26106
Shawnee Mission, KS 66225
or fax to: (913) 317-2015

X

Customer Signature

Date

Revision Date: 09/12/2008 Product Type #: 078-09300

Form Name: IND

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First Horizon Bank Customer Agreement

By signing this Enrollment Form, I am applying to open a Health Savings Account ("HSA") and certify that the information provided in this Enrollment Form is correct. I understand that First Horizon Bank, a division of First Tennessee Bank National Association, will be the Custodian of my HSA. I understand that First Horizon Bank will send me the HSA Custodial Agreement, Bank Depositor Agreement and Disclosures, Fee Schedule and any other disclosures after my account is opened (collectively, the "Account Documents") and that I will have seven (7) days from my receipt of those documents to close my account without penalty. I agree to be bound by all of the terms and conditions as described in this Enrollment Form and the Account Documents, as they may be amended by First Horizon Bank from time to time, unless I close my account within the time frame set forth above. Further, I understand that this Enrollment Form is subject to acceptance by First Horizon Bank. I understand that the First Horizon HSA Visa debit card is subject to the terms and conditions that are sent with the Card. I agree to pay all fees applicable to my HSA and authorize First Horizon Bank to deduct such fees from my HSA. My HSA will be a single ownership account in my name, and only I can designate or change beneficiaries on this account. I acknowledge and agree that First Horizon Bank is responsible solely for providing Custodial account services and has no responsibility for the administrative services to be provided by First Horizon Msaver, Inc. First Horizon Bank is authorized to recognize as my signature the first signature that appears on the negotiation of a check bearing my name or any other transaction presented for payment, and, as the signature of any person named in the Authorized Signer section of this Enrollment Form, the first signature that appears on the negotiation check bearing the Authorized Signer's name or any other transaction presented for payment.

I acknowledge that First Tennessee Bank National Association and its banking divisions, First Horizon Bank and Peoples Bank, are the same FDIC-insured institution and deposits held under each trade name are not separately insured, but are combined to determine whether a depositor has exceeded \$100,000 federal deposit insurance limit.

First Horizon Msaver Administrative Services Agreement

I understand that First Horizon Msaver, Inc. provides administrative services for my First Horizon HSA. These administrative services include enrollment assistance and documents which may be provided through marketing representatives and access to a toll-free tax assistance help line to answer any questions concerning HSAs, tax-related matters, qualified medical expenses, or other distributions. By signing this Enrollment Form, I acknowledge and understand that the administrative services provided by First Horizon Msaver, Inc. are separate and apart from the custodial services provided by First Horizon Bank. I further acknowledge and agree that First Horizon Msaver, Inc. and its affiliates, may provide information, including my account number, to my employer if funding for my HSA is provided through my employer and may provide information to a referring third party concerning the products and services I have obtained. I understand that the HSA Monthly Administrative Fee described in this Enrollment Form and the First Horizon Bank Fee Schedule will be paid to First Horizon Msaver, Inc. in consideration of the administrative services it provides to my First Horizon HSA. Tennessee Valley Authority is not affiliated with First Horizon Bank, or its affiliates.

Rollover Certification

In case of a rollover, I certify that this contribution is a rollover contribution within the meaning of Internal Revenue Code Section 223, that the rollover is being made within 60 days of receipt, and I have not received a rollover in the last 12 months.

Beneficiary and Authorized Signer Forms

If you wish to add a beneficiary or additional authorized signers, please use the beneficiary or authorized signer form in the Welcome Kit.

For enrollment questions call: 888-355-6124